



PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.

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Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

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Gen/08/2016/Version 2.6

Q	For each 'Yes' in point 3 p	lease ide			illness and the treat		on taken or being taken		of Doctor/ Hospital/ Clinic etc.
_	Question No.	Details					71		
5.	For Female Proposed In	sured Oı	nly 1) !	Maiden Name					
	2) Are you Pregnant? If any complications relat	_	egnancy		ease mention currer	nt months of pro	egnancy. Less than o	or equal to 6 months	re than 6 months
	3) Have you delivered, und In last 3 months	lergone ca		section, had any abor 6 months	tion or miscarriage? More than 6 mo] No If yo	es, please mention the period ela	apsed since the last occasion
	4) Have you suffered / are	sufferin	_	_			Yes No	If yes, please provide de	tails
	fe Style & Personal Det Life Style Information:	ails of th	e Prop	osed Insured					
	•	Ghutka,	flavore		products in any	form* in th	e last 5 years? (*Tobacco No	product includes but not	limited to Cigarettes, Bidis, Cigars,
	Substance Consumed	Yes	No	Co	onsumed As		Quantity	For No. of months	If stopped consuming, state date since when you stopped
				Pipe Cigar	r Cigarettes	Beedi	No. of sticks/day		Years Months
	Tobacco			-	Gutkha		No. of packets/day		Years Months
	Alcohol			Beer	Wine Liquor		Pint / ml per week		Years Months
	Narcotics / Drugs			☐ Marijuana Co	caine Addictive				Years Months
(s your occupation associate Corrosive Chemicals and	ed with an	ny speci ivers, e	fic hazards (E.g. Mir	nes, Explosives,		fare-paying passenger	e Aviation Questionnaire. (Plearin domestic/international airli	ne)
4) A	Occupation Questionnaire? Are you employed in Armed Armed Services Questionna		litary or	Police Force, if Yes, 1	please complete	Yes		omobile or Motor-cycle Racing ssional Sports? If yes, pleas	
5)	Have you ever been convic case or charge pending again	ted of a c ist vou?		•	· ·	= =	No 8) Are you (PÎ/PO/PP) exposed person (PEP	or your family member/close *). If yes please fill the PEP Que	
(Have you flown in the last Student Pilot, Pilot, Crew I Chartered Flight?						 Is the Proposed Hold organisation receiving 	er/Nominee/Premium Payer a g donations?	Trust, charity, NGO or Yes No
* Inc Poli	dividuals who are or have tical parties contested in	been ent	of Loca	with prominent publi al bodies/Legislature	ic functions domest e/Parliament or No	tically or by a f ominated), seni	or government (All Secretar	nclude Heads of State or of go y levels), judicial or military	overnment, senior politicians (Members of officials (Ranks Equivalent to Major and by an international organization, refers to
men	nbers of senior manageme	nt or indi	viduals	who have been entru	usted with equivale	nt functions, i.e	e. directors, deputy directors a parriage or similar (civil) forn	nd members of the board or ec	quivalent functions.
Clos	se associates are individua								
G. E	Product Details	Product 1	Nama		Policy	Torm E	remium Payment Term In	ctalment Premium Amount	Basic Sum Assured Premium Multiple
1.		Product	Name		Policy	Term P	Tennum Payment Term III	stament Fremium Amount 1	Sasic Sum Assured Premium Muniple
	Frequency of premium	payment	: Si	ingle Month	ly Quarterly	/ Half-ye	early Yearly Annua	alised Premium Amount (Rs.)):
	** Preferences for Rend		7			eque##/DD#	Online Payment^^	Direct Debit/ECS/ACH*	PSP PNB-Auto Debit
	in cash has to be made] KBL		Others (Specify)				
		directly a	it our ne			orized to collec		in the relevant Standing Inst yment can be made through I	ruction Form. ^All Premium payment Debit/ Credit Card/ NEFT
	Ric	lirectly a ler Name							Debit/ Credit Card/ NEFT
	Ric				gents are not autho		t the premium in cash. ^^Pay	ment can be made through I	Debit/ Credit Card/ NEFT
		ler Name	;	earest branch. Our a	gents are not authorized Policy Ter	m	t the premium in cash. ^^Pay Premium Payment Term	ment can be made through I Premium Amour	Debit/ Credit Card/ NEFT nt Sum Assured
2. (a		ler Name	;	earest branch. Our a	gents are not authorized Policy Ter	m	t the premium in cash. ^^Pay Premium Payment Term	ment can be made through I Premium Amour	Debit/ Credit Card/ NEFT
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I. E-Repository Details
I I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository? Yes No If yes, choose any one Insurance Repository: CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited KARVY SCHIL - Stock Holding Corporation of India Limited CIRL - Central Insurance Repository Limited
3. If you already have an e-Insurance Account (e-IA) number, kindly provide
J. Tax Status Questionnaire (To be filed by Proposed Holder)
Do you: 1. Have an United States citizenship or resident status (resident status applies in the event of the Applicant being an entity being created, incorporated or governed by United States Laws): 2. US place of birth: 3. US telephone number: Yes No 4. US residence or correspondence address (including a US PO Box): Yes No 5. Standing instructions to transfer funds to a US account: Yes No
In the event of the any of the questions being answered as Yes, please furnish the following: 1. If the Applicant is subject to United States Federal Income Tax please provide the Applicant's U.S. Tax ID Number(s)* or a W-9 2. If the Applicant is not subject to United States Federal Income Tax please provide a self-certification under perjury, and a Non-US passport or other valid government-issued identification evidencing citizenship in a country other than the US or such other forms or declarations as may be informed to you by the Company.
IN CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA**, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE APPLICANT'S KNOWLEDGE OF SUCH CHANGE IF THE APPLICANT ACQUIRES US INDICIA.
*If the Applicant(s) is subject to United States Federal Income Tax and fails to provide a U.S. Tax Identification Number to the Company, the Internal Revenue Service requires the Company to withhold tax from taxable income payments made to the Applicant.
**US indicia (United States Indicia) is defined as any individual or entity who exhibits any of the following: 1. United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws); 2. US place of birth; 3. US telephone number; 4. US residence or correspondence address (including a US PO Box); or

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In addition to the insurance coverage, the Proposed Insured/Proposed Holder has the ability to control the allocation of premium, after deduction of charges into various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance levels, the Proposed Insured/Proposed Holder can discuss with PNB MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is up to the Proposed Insured/Proposed Holder. Declaration: Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

Section 45 of the Insurance Act, 1938:

5. Standing instructions to transfer funds to a US account.

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - $b. \ The \ active \ concealment \ of \ a \ fact \ by \ the \ insured \ having \ knowledge \ or \ belief \ of \ the \ fact;$
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

Please refer to the Insurance Act, 1938 or our sales literature to review the complete provisions of Section 45. STATUTORY WARNING as per Section 41 of the Insurance Act, 1938:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

DECLARATION, AGREEMENT & AUTHORISATION DECLARATION:

I/We have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also understood the terms and conditions of the plan that I/we have applied for. I/we have made complete, true and accurate disclosure of all facts to the best of my/our knowledge and belief and that I/we have not withheld any information. I/We hereby declare, on my/our behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete In all respects to the best of my/our knowledge and that I/we and/are authorized to propose on their behalf. I/We understand that the information provided by me/us form the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited (PNB MetLife") and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy. I/We further declare that I/we will notify PNB MetLife in writing of any change occurring in the occupation, financial health or general health of the Proposed Insured/Proposed Holder after the proposal has been submitted but before communication of the risk acceptance by PNB MetLife.

I/ We hereby acknowledge that pursuant to any law, in force in India or any other country, or any agreement that PNB MetLifeand/ or its' affiliates/ group entities have entered into, or may enter into, with any governmental agency/ regulatory body/ organization in furtherance of any such law, PNB MetLife and/ or its' affiliates/ group entities may be required, or obligated, to furnish, transfer or disclose all and any information that PNB MetLife and/ or its' affiliates/ group entities may possess about me, and/or my affairs (including, without limitation, information provided by me under and in relation to my application for an insurance product/policy from PNB MetLife or any other information received or collected by it/ in the usual course of business) to such person or entity or authority, as is required pursuant to such laws or such agreement. I/ We hereby consent, and authorize, PNB MetLife and/ or its' affiliates/ group entities to furnish, transfer or disclose all and any information that it and/ or its' affiliates/ group entities may possess about me, and/or my affairs, in accordance with such laws or any such agreement, to such person or entity or authority, within or outside India, as is required pursuant to such laws or such agreement, without there being the need of any further consent from me.

AGREEMENT

- 1. I/we do hereby agree that: 1.My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife.
- 2. Any untrue statement contained in the application shall render the policy contract as null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
- 3. If, after submission of this Application and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my/our part to do so shall render the contract based on this Application invalid and the policy shall be cancelled immediately and the premium/premiums paid by me shall be refunded to me within 90 days of such cancellation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
- 4. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me/us. I/we agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
- 5. I/we agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law.
- $6. \quad In \ Unit-Linked \ In surance \ Product, \ I/we \ have been \ explained \ and \ have \ understood \ all \ the \ applicable \ charges \ payable \ under \ the \ product.$
 - I/We hereby declare that the money used by me/us to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources.

- 8. I/We hereby acknowledge that the information provided under this Application will be used for the purpose of underwriting this Application and for providing policy related services, in the event of the risk being accepted by PNB MetLife.
- 9. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Financial Advisors/Broker/Corporate Agent for depositing with PNB MetLife, then the Financial Advisor/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so.
- 10. The life insurance policy is not a pre-condition of opening bank account/availing loan. Participation by bank's customer is purely on voluntary basis.
- 11. The life insurance policy is underwritten by PNB MetLife and is not fixed/recurring deposit/mutual fund or surrogate of any of the loan products applied with the bank.
- 12. The policy will lapse in case the premiums are not paid as per the frequency and policy term opted in this form.
- 13. In case of non-standard age proof being submitted, I/we agree to pay the extra premium @ 2.50 per thousand sum assured in lieu of the standard age proof.
- 14. Tax deducted at Source rates as applicable under section 194D of Income Tax Act, 1961.

AUTHORISATION:

I/We hereby Irrevocably authorize any Organization, Institution, or Individual, that has any record or knowledge of my/our health and medical condition or about any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to PNB MetLife, such information. This authorization shall bind my/our successors and assigns and remain valid not withstanding my/our death or incapacity, in so far as legally possible. I/We hereby consent, and authorize, PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, and industry associations/federations, for the purpose of processing/underwriting this Application and/or providing subsequent services arising out of the insurance contract, including claims settlement.

Signature / Left Thumb Impression of the Proposed Holder Name of the Proposed Holder:		e e	Thumb Impression of the Propose ne of Proposed Insured	ed Insured (If different from Proposed Holder
Name of Witness				
Name of witness				Signature of the Witness (Witness should not be related to the
Address of witness		Date	Place	Proposed Insured / Proposed Holder)
DECLARATION IN CASE OF VERNACULAR (Can not be sign	ned by sales person or nominee)			
Declaration by the person filling in the Application. (In case the A		0 0	• •	
I hereby declare that I have fully explained the contents of the Application same have been fully understood by him/her and the replies have been received as the following the followi	orded as per the information prov	rided by the Applicant and t	he replies have been read out to, fully	olicant in the language understood by him/her. The y understood and confirmed by the Applicant.
Declarant's Name	Address			
The content of the form and documents have been fully explained that I have fully understood the significance of the proposed contra				
	Date	Place	Signature of Declarant	Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured
DECLARATION IN CASE THE APPLICANT IS ILLITERA	ATE (Can not be signed by sales per	rson or nominee)		
In case the Applicant is illiterate, a person of standing, unconnected impression of the Applicant	with PNB MetLife, but whose i	identity can easily be esta	blished, should give the following	declaration after attesting left thumb
I hereby declare that I have explained the contents of this Application in _			•	
per the information provided by the Applicant and the replies have been rea	,	, 11	11	1 71
Declarant's Name		Addre	SS	
Date Place	Signat	ure of Declarant	Signature/ Left Thumb Impr	ression of Proposed Holder/ Proposed Insured
AGENT'S REPORT	3		3	
	Name of the IA/SP/Auth	aniand Danson of the Duc	okon/DM/ICD IA/C	SP/Broker/DM/ISP Mobile No
IA/SP/BROKER/DM/ISP (Insurance Sales Person) Code	Name of the IA/SP/Auti	ionsed Person of the Bro	oker/Divi/ISP IA/S	P/Blokel/DW/ISP Mobile No
1. Name of the Proposed Insured		2. Are you related to If yes, nature of	the Proposed Insured / Proposed I relationship	Holder? Yes No
3. Is this Application on your own life?	Yes No	4. Name of Plan op	oted by PI/PH	
5. Face Amount/Sum Assured (in Rs.)		6. Riders opted by	PI/PH	
7. Have you explained fully the terms and conditions of the plan to the Applicant?	Yes No	8. Does the Applic	cant currently reside in Rural area	a? Yes No
9. (a) Since when do you know the Proposed Insured / Proposed Holder? (b) Are you sat Proposed In	tisfied with the Identity of the nsured?	(c) Does the Prodeformity/de	posed Insured have any physical (elect or mental retardation?	(d) What is the estimated income of the Proposed Insured/ Proposed Holder?
Years Months Yes 10. What is the Proposed Insured's state of health at the time of com		Yes Please furnish ex	No act physical measurements of the Pr	roposed Insured, in respect of
-		NON-MEDICA Height in cms	L CASES: or ft. Inches	Weight in kgs or Pounds
12. Is this Application a replacement for an existing policy of the Ap	pplicant? If Yes, please complete	te the Replacement Quest	tionnaire.	Yes No
13. Has the Applicant been informed about the following?				
(a) Charges Yes No (b) Surrender charge (d) Is the product recommended suitable for the applicant kee			um and benefits under the policy es as per the applicable laws.	are subject to taxes and Yes No
need, Income, risk appetite and long term financial goal? (f) If the total premium exceeds 30% of the annual income of satisfied that the product is sold within the financial capacity	Yes	Linked	nvestment risk in the investment p d Insurance Product is borne by t e filled for Unit - Linked Policies	the Proposed Holder
14. Do you recommend acceptance of this Application considering				Yes No
15. Was any negative customer behavior observed relating to Cus	etomer incicting on anonymity	reluctance to provide id	lantifying information or provid	ing minimal seemingly
fictitious information? If yes, please provide details	monter maisting on anonymity.	, returned to provide to	entifying information, or provide	Yes No
Certification: I have carefully ascertained the above information are true and correct to the best of my knowledge and belief.	nd recorded them. All the answ	vers Date D	D M M Y Y Y	Signature of the IA/SP/DM/ISP/ authorised person of the broker
 Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Incase of Broker/IMF(Insurance Marketing Firm), authorised per 				CA/Broker/IMF/Micro Insurance Agent

(from where business is being solicited)

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Respective agent as specified above to authenticate all documents like KYC, BI etc. with their signature & Original Seen Verified.

To b	To be filled by the Sales Management									
The :	agency management must, wherever nec Was the Financial Advisor licensed t insurance on the date the Application w	to write personal life	fy the followin	ng:	2.	Have you personally reviewed this Application	?	Yes	☐ No	
3.	Whether you are satisfied with the ide Insured?	entity of the Proposed	Yes	☐ No	4.	If the total premium exceeds 30% of the annua Applicant, are you satisfied that the product is financial capacity of the Applicant?		Yes NA	☐ No	
5.	5. Is the product recommended suitable for the Applicant keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason.									
6.	Has the Applicant been informed about the following? (a) Charges Yes No (c) Premium and benefits under the policy are subject to taxes and charge the applicable laws.								☐ No	
	(b) Surrender charges	Yes	☐ No		(d)	The investment risk in the investment portfo Insurance Product is borne by the Proposed Hold Linked Insurance Product only).	lio in the Unit-Linke ler (To be filled for Uni	ed t- Yes	☐ No	
7.	Do you recommend acceptance of this A	Application considering	g all the factor	s, including moral h	1azaro	1?		Yes	☐ No	
Base	ed on the review as above I am satisfied	I that the product is sui	table to the cu	stomer and may be	e plac	eed subject to other underwriting guidelines.				
	Name	Designation		Signature		Date	!	Place		

Standing Instruction Mandate- Direct Debit/ ECS/ PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit							
Tick the applicable payment op	tion to pay your Initial premium and renewal insu	rrance premium: Direct Debit ECS (Electronic Clearing Service)					
PNB Auto Debit-SI Includir	ng Initial Premium J&K Bank Au	to Debit-Including Initial Premium KBL-Auto Debit					
Mandate Reference Number (To	o be incorporated by Punjab National Bank / Kar	nataka Bank, after updating their system)					
DC No. (To be incorporated by	Jammu and Kashmir Bank, after updating their	system)					
Mandatory Fields for all option	Mandatory Fields for all options						
Proposed Holder Name							
Policy/Application Number		PAN (Permanent Account No.)					
Mobile Number		Email					
Payment Frequency	Monthly Quarterly	Half Yearly Annual Amount in "INR" as mentioned in Application form					
Standing Instruction Start Date (Note - Start and end date for I		Standing Instruction End Date :/ (DD/MM/YY) Debit for first premium will be date of creation of mandate in bank records)					
Please fill the following infor	mation if the chosen Standing Instruction opt	on is Direct Debit or ECS or PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit					
Yes, I have attached a	copy of cancelled bank cheque for Direct	Debit/ ECS/ PNB – Auto Debit/ J&K Bank-Auto Debit/ KBL-Auto Debit					
Bank Account Number:		BANK SOL ID * (Only for PNB Account)					
Name of the Account Holder a	is	Account Type Savings Total Freedom Overdraft					
per bank records: (Mr./Mrs./Ms./Dr./M/s.)		Salary Cash Credit Loan Account Others					
Name and Address of the Ban	ık/Branch	Guiding Guiding Countries					
9 Digit MICR Code		Date on which Debit to be initiated (Please select one) 1st 7th 15th 25th					
1		of Baroda					
☐ IDBI Bank ☐ Karnataka☐ Others	Bank	nk of India 🔲 Union Bank of India 🔲 Jammu and Kashmir Bank 🔲 Punjab National Bank					
Declaration by the Policy Owne	er						
I hereby declare that the particular	ulars given above are correct and complete in all I	espects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its					
proposal(s)/ policy(ies), and Ri	ider(s) (if any), as issued by the Company. I under	ount of payment for life insurance premium(s) payable on and/or pursuant to the life insurance stand and agree that premium amount to be debited from my account may vary due to change in					
	ny. I will also inform the Company for any changes	e event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance in my Bank Account.					
		oplicable tax rates), counter of fers, revised premiums, additional insurance/ riders. or the next banking day, if the due date is a banking holiday					
Terms and Conditions							
	nfirms, understands and agrees that:	vider/ the Bank the Policy Owner will indemnify and hold the Company / its authorised service					
provider / the Bank harmle	ess against any and all liability, costs and expense	s that may be incurred by the Company / its authorised service provider / the Bank arising out of					
1	nmission or negligence on the part of the Propose nds to cancel the ECS or Direct Debit mandate he	/ Policy Owner. e/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ECS /					
	the same shall be processed by PNB MetLife at no	extra charges. esponsible for non-execution or delay in execution of direct debit instruction either on account of					
incomplete or inaccurate in	nformation or non-availability of sufficient funds in t	he account or for other reason beyond the Company's control.					
		Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the it/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the					
mentioned bank to recover 5. The company does not levy		e ECS mode/recover such additional charges from the benefits payable under the policy.					
6. In order to validate Auto De	ebit Mandate, PNB MetLife is authorized to debit co	stomers' account with Re. 1 which would be refunded back into customer's account.					
7. In case debit date is not sel 25th - debit date is 25th and for	lected, debit date would be based on policy effecti for 26 th to 31 st debit date is 1 st . In case the debit date	we date. For effective date from 2^{nd} to 7^m - debit date is 7^m , for 8^m to 15^m - debit date is 15^m , for 16^m to is a holiday, debit would be initiated for next working day.					
Please tick (✓) in case of : [If Selected Please Complete The Additional Declaration Form					
information and instruction cont	tained herein out of my free will and volition, after f	nined to me in vernacular. I have understood the contents completely and have furnished the ally understanding the contents thereof, I hereby certify the contents hereof as true and correct.					
Signature OR Left Thumb Impre	ession of the customer	Date: _Place:					
		e customer in vernacular					
		ation of Policy Owner					
from the above mentioned Acc mandate form to get it verified a	count with your bank. I hereby authorize the repres and /or executed.	irect Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made entative carrying this ECS/ Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit					
Account Holder's Signature (A	As in Bank Record):	Account Number :					
Certificate of the Bar	nk Named in the Mandate (to be filled in cases of the Mandate above are correct, and the Sign	e of Direct Debit/ ECS/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit) ature of the Bank Account Holder, is true, as per our records and that a copy of this form duly					

Date:_

Signature of the Authorized official of the Bank:

Bank's Stamp :

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details. GBPA Code of signature verifying authority :

Place:_

ACH FO	m (Automated Cle	aring Ho	ouse)									
Please fill the fo	ollowing mandatory fields -	(1) Date (2) Bank a/c number	(3) Bank name (4) IF	SC/MICR (Code (5) Am	ount (6) Po	licy No./a	application No	in "Refe	rence 1 c	olumn"
(7) Account hol	der signature (8) Account h	nolder name	(9) Date on which	Debit to be initiated								
Date on which	Debit to be initiated (Please	e select one	e) 1st 7th	15 th 25 th								
		-}<					}	<-				
Pnb MetLife	UMRN	ТО	B E F	I L L E [) B	Υ	B A N	K	Date D	DM	MY	YY
CREATE(√) MODIFY(X)	Sponsor Ban	k Code	HDFC	0000060	Utili	ty Code		HDF	C007990	000096	357	
CANCEL(X)	I/We hereby authorize	PN	B MetLife Ind	ia Insurance Co	mpany	Ltd	to debit (tick√)	SB/CA/CC/S	SB-NRE	/ SB-NR	(O /Othe
	Bank a/c number											
with Bank	Name of c	ustomers b	ank	IFSC				or MI	CR			
an amount of R	upees								₹			
FREQUENCY	X Mthly X Qtly	X H-Yr	ly 🗶 Yrly 🔽	As & when pres	ented	DEB	IT TYPE	X Fix	ced Amount	Max	imum Ar	mount
Reference 1						Phone	e No.					
Reference 2		XXXXX	(XXXXXXXXX	ХX		Email	ID					
I agree for the debit of	Mandate processing charges by th	e Bank whom I	am authorizing to debit m	y account as per latest Sche	dule of charge	s of the Bank.	·					
PERIOD												
From		s	ignature Primary A	Account holder	Signatu	Signature of Account holder Signature of Account holder						ler
То												
Or 🗸 Un	til Cancelled	1	Name as in bar	nk records 2.	Name	as in bank	records	3.	Name a	s in ban	k records	5
 I have understood t I/We hereby declare irrespective of my/ou 	nat the declaration has been careful hat I am authorized to cancel/ am that I he above information is true registration of the above mobile lows about the transactions carriec	end this manda and correct and in the provider	ate by appropriately common that the mobile number customer preference reg	munication the cancellation	amendment r n my/our nam	equest to the L e(s) and/or is	Jser entity/ corp the number tha	t I/we use	in the ordinary co	urse. I/We I	nereby decla	are that,

Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.

Terms and Conditions

The Proposer/Proposed Owner confirms, understands and agrees that:

1. Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company / its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.

- 2. In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- 3. The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- 4. The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- 5. The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy.
- 6. In case debit date is not selected, debit date would be based on policy effective date. For effective date from 2rd to 7th debit date is 7th, for 8th to 15th debit date is 15th, for 16th to 25th debit date is 25th and for 26th to 31st debit date is 15th, for 16th to 25th debit date is 15th, for 16th to 25th debit date is 25th and for 26th to 31st debit date is 15th, for 16th to 25th + debit date is 15th, for 16th to 25th + debit date is 15th, for 16th to 25th + debit date is 15th, fo

Do's and Don'ts for filling an ACH Mandate

Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate
- Signature should match with bank a/c signature
- Name should match with bank a/c name
- · Account number should be correct
- Provide a cancelled cheque along with form
- · Company stamp is mandatory in proprietor account

Don'ts

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- · Avoid sending forms without company stamp

ACKNOWLEDGEMENT





PNB MetLife India Insurance Company Limited
Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.

	t 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pr Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-417					
"A/c Payee" Cheque	Draft should be drawn in favour of PNB MetLife India Insurance Cor	npany Limited only.				
PI/PO Name :	Insurance Agent/ Broker/ Specified Person Name and Code	Insurance Agent/ Broker/ Specified Person Name and Code:				
Corporate Agent Name:						
Amount (In figures): Amount	(In words) :					
Premium Payment Option: Cheque Bank Draft						
Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :				
IMPORTANT:						
1. All receipts/ Negotiable instruments are subject to realize	ation.					
2. Acceptance of Risk is subject to policy terms & condition	ns.					
	as per the date and time of, premium payment information being recein a business day, the same day's NAV is applicable and for other's NAV is					
4. Premium paid before policy due date will be allocated or	policy due date.					
5. Premium paid within 180 days of due date will be alloca	red on next business day of premium paid date.					
6. Premium paid in lapsed policy after 180 days of due date	, will be allocated on completion of all re-instatement requirements and	reviewed by PMLI.				
	our nearest branch. Our agents are not authorized to collect the premium	in cash.				
8 This can be used only for collecting the initial premium:	and cannot be used for renewal premium collection					

 $Beware\ of\ spurious\ phone\ calls\ and\ fictitious/fraudulent\ offers$

IRDA of India clarifies to public that

- 1. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- 2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.

Signature of Agent/ Broker/ Specified Person: _ Seal/ stamp of the Broker/ Corporate Agent: Date: _







Version 1.2